

<i>SERFF Tracking Number:</i>	<i>MXCC-125366453</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-006</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2008 Forms Update</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-006/</i>		

Filing at a Glance

Company: Maxum Casualty Insurance Company

Product Name: 2008 Forms Update

SERFF Tr Num: MXCC-125366453 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: AR-TRK-F-006

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Belinda Randall

Disposition Date: 07/11/2008

Date Submitted: 07/11/2008

Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):
11/01/2008

State Filing Description:

General Information

Project Name: AR-TRK-F-006

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments: N/A

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 07/11/2008

State Status Changed: 07/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Maxum Casualty Insurance Company herewith files revision to our previously approved manual for our Commercial Auto Trucking Program.

An explanation of new forms and changes to existing forms is as follows:

1. Service of Suit (E456 (09/2004)) - This form is being withdrawn.

<i>SERFF Tracking Number:</i>	<i>MXCC-125366453</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-006</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2008 Forms Update</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-006/</i>		

2. Monthly Report (E504 (09/2004)) - This page has been modified in an effort to simplify and clarify the selection choices. This form is being replaced with Form E504 (01/2008).

3. Commercial Policy Jacket (PJ02 (09/2004)) – The policy jacket has been updated to reflect the signature of Maxum's new president, F. Marshall Turner, II. This form is being replaced with Form PJ02 (05/2008).

4. Federal Risk Insurance Act Disclosure (E455 (12/2005)) - This form is being withdrawn as we are now using ISO form IL 09 85.

5. Final Premium Audit Endorsement (E755 (06/2008)) – This is a new form detailing final premium audits.

Company and Contact

Filing Contact Information

Belinda Randall, Compliance Filing Specialist brandall@mxmsg.com
 6455 E. Johns Crossing (678) 597-4673 [Phone]
 Duluth, GA 30097

Filing Company Information

Maxum Casualty Insurance Company	CoCode: 10784	State of Domicile: Georgia
6455 E. Johns Crossing	Group Code:	Company Type: PC
Suite 325		
Duluth, GA 30024	Group Name:	State ID Number:
(678) 597-4673 ext. [Phone]	FEIN Number: 58-2281249	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>MXCC-125366453</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-006</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2008 Forms Update</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-006/</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Maxum Casualty Insurance Company	\$50.00	07/11/2008	21363312

<i>SERFF Tracking Number:</i>	<i>MXCC-125366453</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-006</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2008 Forms Update</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-006/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/11/2008	07/11/2008

SERFF Tracking Number: MXCC-125366453

State: Arkansas

Filing Company: Maxum Casualty Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: AR-TRK-F-006

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: 2008 Forms Update

Project Name/Number: AR-TRK-F-006/

Disposition

Disposition Date: 07/11/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MXCC-125366453	State:	Arkansas
Filing Company:	Maxum Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-TRK-F-006		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	2008 Forms Update		
Project Name/Number:	AR-TRK-F-006/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	SERVICE OF SUIT	Withdrawn	Yes
Form	MONTHLY REPORT	Approved	Yes
Form	COMMERCIAL POLIYC JACKET	Approved	Yes
Form	FEDERAL TERRORISM RISK	Withdrawn	Yes
	INSURANCE ACT DISCLOSURE		
Form	FINAL PREMIUM AUDIT	Approved	Yes
	ENDORSEMENT		

SERFF Tracking Number: MXCC-125366453 State: Arkansas

Filing Company: Maxum Casualty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR-TRK-F-006

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: 2008 Forms Update

Project Name/Number: AR-TRK-F-006/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	SERVICE OF SUIT	E456	09 04	Endorsement/Amendment/Conditions	Replaced Form #: AR-TRK-F-002 Previous Filing #:		E456 (09 04) SERVICE OF SUIT.pdf
Approved	MONTHLY REPORT	E504	01 08	Election/Rejection/Supplemental Applications	Replaced Form #: E504 (09 04) Previous Filing #: AR-TRK-F-002		E504 (01 08) MONTHLY REPORT.pdf E504 (09 04) MONTHLY REPORT.pdf
Approved	COMMERCIAL POLICY JACKET	PJ02	05 08	Policy/Coverage Form	Replaced Form #: PJ02 (09 04) Previous Filing #: AR-TRK-F-002		PJ02 (05 08) POLICY JACKET.pdf PJ02 (09 04) POLICY JACKET.pdf
Withdrawn	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE	E455	12 05	Endorsement/Amendment/Conditions	Replaced Form #: AR-TRK-F-004 Previous Filing #:		E455 (12 05) FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE.pdf
Approved	FINAL PREMIUM AUDIT ENDORSEMENT	E755	06 08	Endorsement/Amendment/Conditions	New		E755 (06 08) FINAL PREMIUM AUDIT ENDORSEMENT.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective * at 12:01 a.m. standard time, forms a part of Policy Number
* issued to * by Maxum
Casualty Insurance Company. This endorsement applies to all coverage parts.

SERVICE OF SUIT

Pursuant to any statute of any state, territory or district of the United States which makes provision therefore, the Company hereby designates the Commissioner, Superintendent or Director of Insurance or other officer specified for that purpose in the statute, and his successor or successors in office, as its true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted in any Court of competent jurisdiction by or on behalf of the Insured or any beneficiary hereunder arising out of this contract of insurance, and hereby designates the person listed below as the person to whom said officer is authorized to mail such process or a true copy thereof:

**Randall D. Jones
President and CEO
Maxum Casualty Insurance Company
6455 East Johns Crossing
Suite 325
Duluth Georgia 30097**

*If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.



MONTHLY REPORTING FORM

Insured: _____ Policy Number: _____

For the Period Beginning: _____ and Ending: _____

Beginning # of Power Units: _____ Beginning Values: _____

Coverage	Monthly Rate	X	<input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage <input type="checkbox"/> Units (Ending Count) <input type="checkbox"/> Ending Values (Phys)	=	Earned Premium	Monthly Minimum	Monthly Payment (Greater of Earned or Monthly Minimum)
Liability							
Cargo							
Physical Damage							
Other							
Taxes/Fees							
Total Monthly Payment Due							\$

The schedule of covered autos is amended as shown below. Physical damage coverage is added/deleted for only those "autos" where a stated amount is shown.

A – Added D – Deleted	Deletion Reason Code*	Model Year	Trade Name	Serial Number	Stated Amount	Loss Payee = LP Additional Insured = AI	

* S (Sold); LT (Lease Terminated); TL (Total Loss)

I (We) hereby certify that the above are true statements in accordance with the provisions of the policy. These figures are given with the understanding my (our) books and records are subject to inspection by the representative of Maxum Casualty Insurance Company at any time as provided by policy conditions.

Dated

Named Insured or Authorized Representative

Title

GENERAL AGENT:**MONTHLY REPORT**

- ☐ Liability
☐ Cargo
☐ Physical Damage

Insured:

Policy Number:

For the Period Beginning:

and Ending:

Beginning # of Power Units:

Beginning Values:

The schedule of covered autos is amended as shown below. Physical damage coverage is added/deleted for only those "autos" where a stated amount is shown:

LIABILITY/CARGO

Coverage	Monthly Rate	X	<input type="checkbox"/> Receipts <input type="checkbox"/> Miles <input type="checkbox"/> Units	=	Earned Premium	Monthly Minimum Premium
Liability						
Cargo						
Total Earned Premium Due					\$	\$

PHYSICAL DAMAGE

Autos Added						
UNIT NO.	MODEL YEAR	TRADE NAME	*TR *TL *TK	SERIAL NUMBER	STATED AMOUNT	LOSS PAYEE= ADDITIONAL INSURED= AI

Autos Deleted						
UNIT NO.	MODEL YEAR	TRADE NAME	*TR *TL *TK	SERIAL NUMBER	STATED AMOUNT	LOSS PAYEE= ADDITIONAL INSURED= AI

Total values at end of period _____ X monthly rate _____ = Earned Premium\$ _____

Total Premium Due: \$

I certify the above report is true and correct.

Dated _____

Insured _____

Agent _____

*If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.



Insurance Policy for

**Promptly report claims to
Maxum Casualty Insurance Company
at 1-800-598-6324**

Maxum Casualty Insurance Company
6455 East Johns Crossing
Suite 325
Duluth, Georgia 30097
Telephone: 678 597 4500
Fax: 678 597 4501

Common Policy Conditions

All Coverage Parts included in this policy are subject to the following conditions:

A) CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B) CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C) EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D) INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

1. Make inspections and survey at any time;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization that makes insurance inspections, surveys, reports or recommendations.

E) PREMIUMS

The first Named Insured shown in the Declarations:

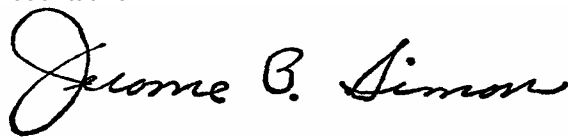
1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F) TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

IN WITNESS WHEREOF, Maxum Casualty Insurance Company has caused this policy to be signed by its President and Secretary at Duluth, Georgia, but it is not binding unless signed on the Declarations Page by our Authorized Representative.



Secretary



President



Insurance Policy for

**Promptly report claims to
Maxum Casualty Insurance Company
at 1-800-598-6324**

Maxum Casualty Insurance Company
6455 East Johns Crossing
Suite 325
Duluth, Georgia 30097
Telephone: 678 597 4500
Fax: 678 597 4501

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2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
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3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
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We have the right but are not obligated to:

1. Make inspections and survey at any time;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization that makes insurance inspections, surveys, reports or recommendations.

E) PREMIUMS

The first Named Insured shown in the Declarations:

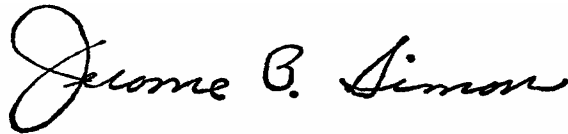
1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F) TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

IN WITNESS WHEREOF, Maxum Casualty Insurance Company has caused this policy to be signed by its President and Secretary at Duluth, Georgia, but it is not binding unless signed on the Declarations Page by our Authorized Representative.



Secretary



President

Federal Terrorism Risk Insurance Act Disclosure

This endorsement only applies to:

COMMERCIAL INLAND MARINE COVERAGE PART

Coverage for acts of terrorism is already included in your current policy. Under your existing coverage any losses resulting from certified acts of terrorism would be partially reimbursed by the United States government under a formula established by the Terrorism Risk Insurance Act, as extended on December 22, 2005. Under this formula, the United States Government generally pays 90% (85% in 2007) of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

*If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective * at 12:01 a.m. standard time, forms a part of Policy Number
* issued to * by Maxum
Casualty Insurance Company. This endorsement applies to all coverage parts.

FINAL PREMIUM AUDIT ENDORSEMENT

AUDIT TERM

From: To:

☐ Final Audit Has Been Completed and Audit is Even.

☐ Final Audit Has Been Waived.

☐ Audit Results:

Coverage	Period	Audited Exposure	Rate	Premium	Annual Minimum

Total Auditable Premium Amount:	
Total Annual Minimum Premium:	
Total Advanced Auditable Premium:	
<input type="checkbox"/> Additional Premium <input type="checkbox"/> Return Premium	

Other Non-Auditable Coverages Due:	
Deposit Amount:	
TOTAL <input type="checkbox"/> Additional <input type="checkbox"/> Return Due:	

SERFF Tracking Number: MXCC-125366453

State: Arkansas

Filing Company: Maxum Casualty Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: AR-TRK-F-006

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: 2008 Forms Update

Project Name/Number: AR-TRK-F-006/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MXCC-125366453

State: Arkansas

Filing Company: Maxum Casualty Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: AR-TRK-F-006

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: 2008 Forms Update

Project Name/Number: AR-TRK-F-006/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

07/11/2008

Comments:

Attached please find Transmittal Document

Attachment:

AR Transmittal Document.pdf

Satisfied -Name: Filing Memorandum

Review Status:

Approved

07/11/2008

Comments:

Attached please find Filing memorandum

Attachment:

AR Filing Memorandum.pdf

Property & Casualty Transmittal Document

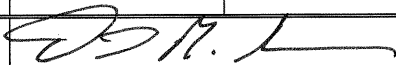
Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Maxum Casualty Insurance Company	DE	10784	58-2281249		

5. Company Tracking Number	AR-TRK-F-006
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
David M. Green	Vice President / General Counsel	678-597-4670	678-597-4501	dgreen@mxmsig.com
6455 E. Johns Crossing, Suite 325 Duluth, GA 30097				
7. Signature of authorized filer				
8. Please print name of authorized filer		David M. Green		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11/01/2008 Renewal: 11/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-TRK-F-006
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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I. FILING BASIS

This memorandum is an explanation of new forms and changes to existing forms.

II. FORMS CHANGES

E456 (09/04) SERVICE OF SUIT FORM is withdrawn

E504 (01/08) MONTHLY REPORT replaces E504 (09/04)

This page has been modified in an effort to simplify and clarify the selection choices. Information remains the same.

PJ02 (05/08) COMMERCIAL POLICY JACKET replaces PJ02 (10/05)

This policy jacket has been updated to reflect the signature of Maxum's new president, F. Marshall Turner, II.

E455 (12/05) FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE is withdrawn

This form is being withdrawn as we are now using ISO IL 09 85

E755 (06/08) FINAL PREMIUM AUDIT ENDORSEMENT is new.

This form tracks details of final premium audits.

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
-----	---

Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-TRK-F-006			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	SERVICE OF SUIT	E456 (09 04)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		AR-TRK-F-002
02	MONTHLY REPORT	E504 (01 08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	E504 (09 04)	AR-TRK-F-002
03	COMMERCIAL POLICY JACKET	PJ02 (05 08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PJ02 (09 04)	AR-TRK-F-002
04	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE	E455 (12 05)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		AR-TRK-F-002
05	FINAL PREMIUM AUDIT ENDORSEMENT	E755 (06 08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)							
4a.	Rate Change by Company (As Proposed)							
	Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
4b.	Rate Change by Company (As Accepted) For State Use Only							
	Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**MAXUM CASUALTY INSURANCE COMPANY
TRANSPORTATION PROGRAM
FILING MEMORANDUM
ARKANSAS**

I. FILING BASIS

This memorandum is an explanation of new forms and changes to existing forms.

II. FORMS CHANGES

E456 (09/04) SERVICE OF SUIT FORM is withdrawn

E504 (01/08) MONTHLY REPORT replaces E504 (09/04)

This page has been modified in an effort to simplify and clarify the selection choices. Information remains the same.

PJ02 (05/08) COMMERCIAL POLICY JACKET replaces PJ02 (10/05)

This policy jacket has been updated to reflect the signature of Maxum's new president, F. Marshall Turner, II.

E455 (12/05) FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE is withdrawn

This form is being withdrawn as we are now using ISO IL 09 85

E755 (06/08) FINAL PREMIUM AUDIT ENDORSEMENT is new.

This form tracks details of final premium audits.